

www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 093600004		CITY OF	R TOWN	OTIS	
APPLICATION	N FOR RENEWAL:	Annual		LICENS	SED FOR 20	13
		CLASS				YEAR
LICENSEE NA	AME: OTIS ASSOCIATES	S, INC.				
DOING BUSIN	NESS A OTIS RIDGE SKI	AREA/GROU	SE HOUSE			
ADDRESS RT	E.23-OTIS VILLAGE					
CITY/TOWN:	OTIS	STATE: N	MA ZIP C	CODE:	01253	
MANAGER:	CARR, JAMIE TYPI	E OF LICENSE	E:Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDR	ESS:					
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YO	OUR EMAIL ADDRESS	S		
	N OF LICENSED PREMISE					
	ME BLDG, 2ND FLR,THR AND EXITS EAST SIDE F					M
	DINING ROOM, WEST SII		ino Room,s	00111311	DE IV ROO	1 <b>V1</b> ,
I hereby certify	and swear under penalties of	of perjury that:				
1. the 1	renewed license will be of the	ne same type fo	r the same pren	nises now	licensed;	
	licensee has complied with a			•	taxes; and	
3. the 1	premises are now open for b	usiness (If not	explain below)			
SIGNED BY	Individual, Partner o	or Authorized C	Corporate Office	er		
	1102 (1000), 1 010101		501p01 <b>410</b> 0111 <b>0</b>			
DATE:	TELEPHONE	NI IMRER	I	EMPLOYER	IDENTIFICAT	ION NUMBER:
	TEELITIONE	TOMBER.	(Note	e: <u>NOT</u> Indi	ividual Social Se	ecurity Number)
Acts of 2004, s	signed, attest that we are i signed by the building insp and (2) the certificate of l	ector and the	head of the fir	e departn	nent for the	above
Please Check Belo	<u>w:</u>		LOCAI	LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVE						
(If disapproved	expiain)					
DATE:						



www.mass.gov/abcc

### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 093600007	23600007 CITY OR TOWN OTIS		
APPLICATIO	N FOR RENEWAL	: Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSI		VA'S MARKET, INC		
CITY/TOWN:		STATE: MA	ZIP CODE: 01253	
MANAGER:	TERRANOVA, LEONARD F.	TYPE OF LICENSE:P		Y: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED P	REMISES:		
TWO STORY	FRAME BLDG, O	NE ROOM ON FIRST FL	OOR AND CELLAR FOR STO	ORAGE
2. the	licensee has complicensee has complicensee are now of	ed with all laws of the Conpen for business (If not exp		nd
	Individual,	Partner or Authorized Cor	porate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soci	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUT By:	THORITY
DATE:				



www.mass.gov/abcc

### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 093600008		CITY OR TOWN OTIS	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
	AME: OTIS POULTRY F			
ADDRESS R7	ΓE 8			
CITY/TOWN:	: OTIS	STATE: MA	ZIP CODE: 01253	
MANAGER:	PYENSON,ANDRE TYP W L.	E OF LICENSE:Pa	ckage Store CATEGORY	: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREMIS	ES:		
ONE ROOM,	ONE FLOOR FARM STOP	RE		
1. the 2. the		he same type for the all laws of the Com	e same premises now licensed; monwealth relating to taxes; and ain below)	I
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer	
DATE:	TELEPHONI	E NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Please Check Bel APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUTH By:	HORITY
DATE:				



www.mass.gov/abcc

### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 093600009	CITY OR TOWN OTIS			
APPLICATION FOR	RENEWAL:	Annual	LICENSED I	FOR 2013	
		CLASS		YEAR	
	EOS ENTERPRISES, INC A KATIE'S COUNTRY S'				
ADDRESS RTE 23,E	EAST OTIS VILLAGE				
CITY/TOWN: OTIS	ST	ATE: MA	ZIP CODE: 010	)29	
MANAGER: RACI	NE, RONALD TYPE OF	LICENSE: Pacl	kage Store CATEG	ORY: All Alcohol	
EMAIL ADDRESS:					
I	LEASE ALSO VISIT OUR WEBSITE A	ND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF I	ICENSED PREMISES:				
TWO STORY FRAM	IE BLDG, TWO ROOMS	ON FIRST FLO	OOR, CELLAR FOR STO	ORAGE	
	e has complied with all law es are now open for busine	ss (If not expla	in below)	s; and	
	Individual, Partner or Aut	norizea Corpoi	rate Officer		
DATE:	TELEPHONE NUM	⁄IBER:		TIFICATION NUMBER: Social Security Number)	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICENSING A	AUTHORITY	
DATE:	,				



www.mass.gov/abcc

### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 093600012			CITY OR TOWN OTIS			
APPLICATION FOR RENEWAL:		Annual	LICENSED FOR 2013			
		CLASS		YEAR		
LICENSEE NAM	ME: L & M AUTO	), INC.				
DOING BUSINI	ESS A PAPA'S HE	ALTHY FOOD & FUEL				
ADDRESS 2000	EAST OTIS ROAL	D				
CITY/TOWN:	OTIS	STATE: MA	ZIP CODE: 01029	)		
	SOUTHARD, LARRY S.	TYPE OF LICENSE:Pa	ackage Store CATEGO	RY: Wine and Malt Regular		
EMAIL ADDRE	ESS:					
DESCRIPTION	PLEASE ALSO VISIT ( OF LICENSED PR	DUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS			
1. the re 2. the lie	enewed license will becensee has complied		e same premises now licensed amonwealth relating to taxes; lain below)			
SIGNED BY	Individual, Pa	artner or Authorized Corp	oorate Officer			
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIF (Note: <u>NOT</u> Individual So			
Please Check Below APPROVED: [ DISAPPROVED (If disapproved e	D:		LOCAL LICENSING AU By:	JTHORITY		
. 11	<u>.</u> ′					
DATE:						



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBEK: 093600015		CITY OR TOWN OTIS	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2013	
		CLASS	YEAR	
LICENSEE N.	AME: KNOX TRAI	L INN, LLC		
DOING BUSI	NESS A			
ADDRESS 18	98 EAST OTIS ROA	D		
CITY/TOWN:	OTIS	STATE: MA	ZIP CODE: 01253	
MANAGER:	WAGNER, ANDREA	TYPE OF LICENSE: Innh	colder CATEGORY: All Alcohol	
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM.	AIL ADDRESS	
DESCRIPTIO	N OF LICENSED PR	EMISES:		
ROOMS AND GARAGE AS	ONE COMMON AF	EA. OUTSIDE COVEREI	OMS,STAGE. SECOND FLOOR SIX DENTRANCE, PATIO AREAS. NDS BASEMENT TO BE USED FOR	
I hereby certify	y and swear under pen	alties of perjury that:		
1. the	renewed license will	be of the same type for the s	same premises now licensed;	
2. the	licensee has complied	with all laws of the Comm	onwealth relating to taxes; and	
3. the	premises are now ope	n for business (If not explain	in below)	
SIGNED BY	Individual, Pa	artner or Authorized Corpor	rate Officer	
DATE:			EMIN OVER IDENTIFICATION AND MEDI	
DATE.	TELEP	HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)	
			individual social security runners	
Acts of 2004,	signed by the building	ng inspector and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts	
Please Check Bel	ow:		LOCAL LICENSING AUTHORITY	
APPROVED:			By:	
DISAPPROVI				
(If disapproved	d explain)			
DATE:				
~				